

## Airway



### Existing Airway

- Bag Valve Mask  Cricothyrotomy  Endotracheal Tube  Orogastic Tube  
 Nasogastric Tube  None



### Obstructed?

- Patent  Partially obstructed  Obstructed



### Best Eye Response

- Spontaneous  To verbal stimuli  To pain  None



### Best Motor Response

- Follows commands  Localizes pain  Withdraws to pain  Flexion to pain  
 Extension to pain  None



### Best Verbal Response

- Oriented  Confused  Inappropriate words  Incomprehensible...  
 None



### Glasgow Coma Scale Score

### GCS Intubated/Paralytics

- Intubated  Paralytics



### Airway Interventions

- Bag Valve Mask  Cricothyrotomy  Endotracheal Tube  Orogastic Tube  
 Nasogastric Tube  Suctioned



### Spine Precautions Maintained

- Yes  No



### Spinal Precautions

- Cervical Collar  Full Immobilization  Head Blocks  Spine Board



## Breathing



### Breathing Effort

▼

### Trachea

▼

### Chest Wall

▼

### Breath Sounds Right

Clear     Diminished     Absent     Crackles     Stridor    ▼   
 Wheeze     Other (C...

### Breath Sounds Left

Clear     Diminished     Absent     Crackles     Stridor    ▼   
 Wheeze     Other (C...

## Circulation



### Skin

Cool     Hot     Clammy     Diaphoretic    ▼

### Pulse Location

▼

### Pulses

▼

### Skin Color

▼

### Bleeding

Yes

No



### Capillary Refill (all extremities)

Brisk

Less than/equal to 3 seconds (All extremities)



Greater than 3 seconds ( All extremities)  Other (Comment)

### Disability



#### Responsiveness

Alert

Responds to Verbal

Responds to Pain

Unresponsive



Loss Of Consciou...

### Expose



#### Warming Measures

Overhead warmer

Warm blankets

Warm fluids

Rapid Infuser



Fluid Warmer

Warming Blanket/Bair Hugger

Infant warmer

Other (Comment)

### Secondary Assessment Start



Secondary Assessment Start Date



Secondary Assessment Start Time



### Head to Toe



#### Head

WNL

Depressed Skull Fx

Other (Comment)



#### Ear

WNL

Battle's sign

Otorrhea

Tympanic Membranes

Other (Comment)



#### Eye

WNL

Raccoon eyes

Disconjugate

Diplopia



### L Pupil Reaction

<input type="checkbox"/> Brisk	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Nonreactive	<input type="checkbox"/> Unable to assess	▼	📄
<input type="text"/> Other (Comment)					

### L Pupil Size

<input type="checkbox"/> 1 mm	<input type="checkbox"/> 2 mm	<input type="checkbox"/> 3 mm	<input type="checkbox"/> 4 mm	<input type="checkbox"/> 5 mm	<input type="checkbox"/> 6 mm	<input type="checkbox"/> 7 mm	<input type="checkbox"/> 8 mm	▼	📄
<input type="checkbox"/> 9 mm <input type="checkbox"/> Chemically Dilated <input type="checkbox"/> Other (Comment)									

### R Pupil Reaction

<input type="checkbox"/> Brisk	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Nonreactive	<input type="checkbox"/> Unable to assess	▼	📄
<input type="text"/> Other (Comment)					

### R Pupil Size

<input type="checkbox"/> 1 mm	<input type="checkbox"/> 2 mm	<input type="checkbox"/> 3 mm	<input type="checkbox"/> 4 mm	<input type="checkbox"/> 5 mm	<input type="checkbox"/> 6 mm	<input type="checkbox"/> 7 mm	<input type="checkbox"/> 8 mm	▼	📄
<input type="checkbox"/> 9 mm <input type="checkbox"/> Chemically Dilated <input type="checkbox"/> Other (Comment)									

### Nose

<input type="checkbox"/> WNL	<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Blood	<input type="checkbox"/> Deformity	<input type="checkbox"/> Septal Hematoma	▼	📄
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### Mouth

<input type="checkbox"/> WNL	<input type="checkbox"/> Malocclusion	<input type="checkbox"/> Teeth Missing	▼	📄
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### Neck

<input type="checkbox"/> WNL	<input type="checkbox"/> Pain	<input type="checkbox"/> JVD	<input type="checkbox"/> Crepitus	▼	📄
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### Chest

<input type="checkbox"/> WNL	<input type="checkbox"/> Rib tenderness	<input type="checkbox"/> Seat belt marks	<input type="checkbox"/> Sternal tenderness	<input type="checkbox"/> Subq Air	▼	📄
<input type="checkbox"/> Crepitus						



### Pelvis

<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable	▼	📄
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## Circulation



### Heart Sounds

Present  Absent  Distant  Abnormal  



### Symmetrical Chest Rise/Fall

Yes	No	UTA=Unable to assess	 
Other (Comment)			



### Cardiac Rhythm



### L Carotid Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	



### R Carotid Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	



### R Femoral Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	



### L Femoral Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	

### R Radial Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	

### L Radial Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding	 
Doppler	Absent	Unable to assess	Other (Comment)	

R Dorsalis Pedis Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding
Doppler	Absent	Unable to assess	Other (Comment)



L Dorsalis Pedis Pulse

+1=Weak	+2=Moderate	+3=Strong	+4=Bounding
Doppler	Absent	Unable to assess	Other (Comment)



Respiratory



Accessory Muscles

Yes No

Neurological



Log Roll Patient

Yes Other (Comment)

Spinal Exam

Negative Positive

Rectal Exam-Tone

WDL=Within Defined Limits Diminished Absent Not Done

Hemoccult

Negative Positive No gross blood per rectum

Posturing

Flexion Extension Localized Withdrawn None

Combative

Yes No


Restless

Yes No

Seizures

Yes No



Backboard removed

▼ 

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## GI/GU ⤴

### Abdomen Inspection


Soft                       Firm                       Nondistended  ▼ 

Distended                 Tender                     Nontender

Ecchymosis                 Visible bowel loops    Other (Comment)


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### Vaginal Bleeding

▼ 

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### Pregnant

 ▼ 

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### Fetal Heart Tones

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## Skin/Musculoskeletal ⤴

### Skin/Musculoskeletal

▼ 

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## Sensory Motor Function ⤴

### RUE Motor Response

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### RUE Sensation

Decreased                 No sensation             Numbness                 Pain ▼ 



Tingling                     Full sensation             No numbness             No pain

No tingling                 Sensory neglect         Unable to assess         Other (Comment)

### LUE Motor Response



### LUE Sensation

- |                                      |  |   |  |   |
|--------------------------------------|--|---|--|---|
| <input type="checkbox"/> Decreased   | <input type="checkbox"/> No sensation    | <input type="checkbox"/> Numbness         | <input type="checkbox"/> Pain            |   |
| <input type="checkbox"/> Tingling    | <input type="checkbox"/> Full sensation  | <input type="checkbox"/> No numbness      | <input type="checkbox"/> No pain         |   |
| <input type="checkbox"/> No tingling | <input type="checkbox"/> Sensory neglect | <input type="checkbox"/> Unable to assess | <input type="checkbox"/> Other (Comment) |   |

### RLE Motor Response



### RLE Sensation

- |                                      |  |   |  |   |
|--------------------------------------|--|---|--|---|
| <input type="checkbox"/> Decreased   | <input type="checkbox"/> No sensation    | <input type="checkbox"/> Numbness         | <input type="checkbox"/> Pain            |   |
| <input type="checkbox"/> Tingling    | <input type="checkbox"/> Full sensation  | <input type="checkbox"/> No numbness      | <input type="checkbox"/> No pain         |   |
| <input type="checkbox"/> No tingling | <input type="checkbox"/> Sensory neglect | <input type="checkbox"/> Unable to assess | <input type="checkbox"/> Other (Comment) |   |

### LLE Motor Response

### LLE Sensation

- |                                      |  |   |  |   |
|--------------------------------------|--|---|--|---|
| <input type="checkbox"/> Decreased   | <input type="checkbox"/> No sensation    | <input type="checkbox"/> Numbness         | <input type="checkbox"/> Pain            |   |
| <input type="checkbox"/> Tingling    | <input type="checkbox"/> Full sensation  | <input type="checkbox"/> No numbness      | <input type="checkbox"/> No pain         |   |
| <input type="checkbox"/> No tingling | <input type="checkbox"/> Sensory neglect | <input type="checkbox"/> Unable to assess | <input type="checkbox"/> Other (Comment) |   |